

# PERSONAL SERVICES REQUISITION FORM – FFY 2005 PROGRAM FUNDS

## LIBRARY SERVICES AND TECHNOLOGY ACT – PL 108-81, AS AMENDED

FOR SCSL USE ONLY --  
LSTA Sub-Grant Award #: \_\_\_\_\_  
FFY 2005 Program Funds  
CFDA No. 45.310  
Appropriations enacted by P.L. 108-447

#LS-00-05-0041-05  
South Carolina State Library  
1430 Senate Street  
P.O. Box 11469  
Columbia SC 29211

Sub-Grant Project Title:

- I. Sub-grantee (*organization*) Name: \_\_\_\_\_ Date: \_\_\_\_\_
- II. Project Administrator \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- III. Fiscal Officer \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

IV. Provide the following information on funds requisitioned for salary and/or benefits (*submit a separate form for each staff position*):

Name of Staff	Title	Beginning Date of Employment
_____	_____	_____

V.		Personal Services Budget	Time Period Covered*	Cash on Hand at Beginning Period	Capital Adv Rec'd During Period	Funds Needed During Period	Capital Advance Requested
	Salary	\$		\$	\$	\$	\$
	Benefits	\$		\$	\$	\$	\$
	Total	\$		\$	\$	\$	\$

*I certify that to the best of my knowledge and belief, the information above is correct and complete and that all expenditures are for purposes set forth in the approved LSTA sub-grant.*

Submitted by: (Print Name) \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Include beginning and ending date (month/date/year-month/date/year).*